



City of Cincinnati Board of Health Finance Committee

Thursday, May 21, 2020

Ms. Schroder, Chair of the Board Finance Committee, called the May 21, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson, Phil Lichtenstein, Melba Moore.

Topic	Discussion	Action/Motion
Call to Order	Due to time commitments, the meeting began with the review of contracts.	
Review of Contracts for May 26, 2020 BOH Meeting	<p>The Chair began the review of the contracts that will go to the Board of Health (BOH) for approval.</p> <p>Ohio Department of Mental Health Services (ODMHS) – This accounts receivable grant from ODMHS is the Ohio Opiate Response Continuum grant. Funding from this grant will allow CHD to expand its media campaign and to provide increased Medication Assisted Treatment (MAT), addiction counseling, recovery supports, and recovery housing costs.</p> <p>CHD is partnering with Hamilton County Mental Health and Recovery Services Board, (HCMHRSB), Interact for Health as well as UMADAOP and Talbert House to deploy targeted awareness messaging for treatment including access to all forms of MAT for African American and Hispanic/Latino American and other minority communities; 2) expand access to all forms of MAT and develop a clinical workforce with the expertise to provide all forms of MAT and psychosocial treatment for African Americans and Hispanic/Latino Americans and other minority communities with an opioid use disorder, and 3) expand the use of recovery supports including access to recovery housing that accepts individuals participating in all forms of MAT. The amount is for \$491,501.00 and the term is from June 1, 2020 to September 28, 2020</p> <p>Commissioner Moore walked through the grant and answered questions from the Committee. She stated that she was approached by HCMHRSB about the grant and asked that CHD take the lead as the fiscal agent. They agreed to bring UMADAOP, Interact for Health, and</p>	

	<p>Talbert House as additional partners. This funding will allow CHD through our partners to expand a media campaign and to provide increased MAT, addiction counseling, and recovery services and recovery housing. The media campaign partner will be Interact for Health. Through Safe Places Cincy and CHD Behavioral Health staff, we will provide the MAT, addiction counseling, and the recovery services. The recovery housing will be completed by Talbert House and UMADAOP will provide recover support. These funds will not supplant current funding but will allow for an expansion of services. While COVID-19 has all the attention, the opioid crisis is still very much with us.</p> <p>Mr. Brown asked the status of Safe Places Cincy? Commissioner Moore stated that we saw one client in April and prior to COVID-19 we set up a meeting with our current treatment providers, but this was postponed. Need to reschedule to discuss what lessons were learned from the whole year. It was originally agreed not to market the program and review the data after a year to determine from our patients how they found out about the program and how they were referred in so we could then develop a strong marketing campaign.</p> <p>Mr. Brown asked if there are enough treatment resources for the demand? Commissioner Moore stated that she does not believe there are enough beds; that was one thing that was to be discussed at the meeting. Once this issue was covered, it was expected that we would add one or two additional providers to increase bed capacity.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Greater Cincinnati Foundation – This accounts receivable grant is from the Greater Cincinnati Foundation COVID-19 regional response fund which supports projects relative to improving health inequities within our region. CHD is working collectively with Hamilton County Public Health, Interact for Health, and (4) community hospitals on a surveillance data project which will help to improve data collection. This funding not only supports the training of the hospital registration staff, but also CHD health center registration staff, and any entity which has the responsibility of collecting race and ethnicity. CHD will be contracting with More Inclusive Healthcare (MIH) who will be the interface for the community hospitals and provide e-training and outreach services. CHD is serving as a pass-through agent of the funding.</p> <p>CHD expects the training and outreach will lead to improved data submitted to the city and county health departments. Better data will help CHD to effectively direct resources to contain the coronavirus over the next year. The amount is for \$33,000 and the term is from June 1, 2020 to December 31, 2021</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
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	<p>Commissioner Moore walked through the grant and answered questions from the Committee. The concern is that during the pandemic CHD saw a high number of cases where the demographic information was listed as “unknown” or “other”. This information is vital. Other local health departments are having the same issue. The funding will be used to purchase four licenses for local hospitals. The consulting group would train the registration staff in capturing this information. Also, we need to work out how to incentivize laboratories for them to provide this information. This is important in terms of reporting out the demographic information and then in terms of developing strategies for reaching out to the impacted communities. This will not cost the hospitals anything and the on-line training session only takes 20 minutes.</p> <p>Dr. Bhati asked if there are any benchmarks? Commissioner Moore said that the reporting method needs to be built into the process. Dr. Lichtenstein asked if more non-identification occurs through hospitals or private labs? Commissioner Moore stated that the laboratories have a greater number than the hospitals. Mr. Brown asked for the difference between “other” and “unknown”? Mr. Hopson stated perhaps “other” includes bi-racial and “unknown” would be someone who did not answer. The chair stated that this is an important question to answer.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Cincinnati Children’s Hospital Medical Center (CCHMC) – Cradle Cincinnati – This accounts receivable grant is from CCHMC. CCHMC will contract with the Cincinnati Health Department (CHD)’s Division of Nursing, Home Health/Community Health Worker Program to support Cradle Cincinnati’s community partnership to improve outcomes for pregnant women, new mothers and their infants. This contract increases the number of Full Time Equivalent (FTE)s from 3.0 to 4.0. There are no longer pre-defined zip codes. The amount is for \$465,000.00 and the term is from 1/1/2020 to 12/31/2021.</p> <p>Ms. Jill Byrd walked through the grant and answered questions from the Committee. This is our fourth year of working with Cradle Cincinnati. Last year we had three community health workers, this year we will have four. Cradle Cincinnati is covering the salary/wages and fringe benefit costs. The employees work with prenatal clients to help decrease the social determinates of health. The majority of clients are from our health centers.</p> <p>The Chair asked if this was a renewal of the grant? Ms. Byrd said this is considered new as Cradle Cincinnati has changed the funding level, FTE level, and made other changes. The Chair asked what the case load is? Ms. Byrd said each community health worker always has a case load of at least 20 patients and this could be as high as 30.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
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	<p>Mr. Brown asked what elements are impacted by this work? Ms. Byrd said we are working with a hub in Southwestern Ohio. Helping to increase the chance of them having insurance and transportation, but there are a lot of factors that do not allow us to pinpoint an exact impact, but we do all we can to ensure a healthy pregnancy and delivery. Data is accrued and sent to the state. This is strictly for the social determinates. Mr. Brown expressed the concern that this is guesswork and not being data driven. Ms. Byrd stated that Ohio would not support this program as strongly if they did not believe it was having an impact. Dr. Lichtenstein suggested that Ms. Byrd set up an in-service presentation at both the CCPC and BOH meetings to discuss the data in greater detail. He added that Ms. Byrd should meet with himself and Mr. Brown to make her aware of the type of data they're interested in. Ms. Byrd agreed. Dr. Lichtenstein agreed to email Ms. Byrd later today.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this grant to the Board of Health.</p> <p>Hamilton County Public Health – This accounts receivable grant funding is pass-through funding for Public Health Emergency Preparedness (PHEP) support from Ohio Department of Health under the Centers for Disease Control PHEP Grant. The grant supports preparedness planning requirements set forth as deliverable-based service. The amount is for \$128,033.56 and the term is from 7/1/2020 to 6/30/21.</p> <p>Mr. John Dunham walked through the contract and answered questions from the committee. CHD has been awarded this for many years. Hamilton County receives the money and passes it on to us.</p> <p>The Chair asked how the funds would be used. Mr. Dunham stated that the purpose is to incentive local health departments into undertaking preparedness tasks and to standardize them. The Chair asked if the amount has changed? Mr. Dunham said that it has been going down a couple of percentage points per year.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p> <p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
Approval of Minutes	<p>The Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the April 21, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
Update on the City Budget	<p>Mr. Domonic Hopson reported that Budget and Finance Department said they were waiting for Congress to act to improve the City's fiscal projection for next year. As of now, we are expecting no changes to having to take a 20 percent reduction in our general fund account 415</p>	

	<p>and 25 percent for fund 395. They are optimistic that we will receive some support.</p> <p>Mr. Brown asked about the status of the general obligation bonds? Mr. Hopson said we have not received an update on that. The Chair asked if the timeline for the budget process had been adjusted? Mr. Hopson said it had been adjusted back slightly. Budget and Finance did ask if there was anything else we could do to reduce non-personnel expenses or generate new revenue? We are looking at ways to increase revenue. The Chair asked that the Committee be kept informed via email so as not to slow down the process.</p>	
Financial Update	<p>Mr. Hopson shared the financial position report with the Committee. Our total expenses are off by only .09 percent, mainly due to COVID-19 and our expenses are lowered compared to projections due to center closures and employees being furloughed. We are only 4 percent off from our revenue projections. Clinical revenue is almost \$3 million behind. In May we received the Medicaid maximization funding of almost \$2.8 million, which is less than we received last year. Grant contributions are up. CHD received \$2.3 million from HRSA and grant funding from new sources related to COVID-19. The finance team has done a tremendous job this year.</p> <p>The Chair asked if he knew the breakdown from the Medicaid maximization between dental and medical? Mr. Hopson stated that he did not have that information but could have it at the next meeting. The Chair said it is commendable and notable about the increase in grant funding.</p> <p>Mr. Hopson walked through our accounts receivable. Each week we get closer to getting back to our normal visit amounts which will allow our revenue to climb back up.</p> <p>Mr. Hopson stated that CHD was going to begin invoicing self-pay patients. He is waiting on Treasury to approve his lock-box solution where checks will be sent directly to the bank, scanned in, and processed the same day. We are allowing patients to pay in many ways.</p> <p>Dr. Lichtenstein asked why the columns do not add up to 100 percent. Mr. Hopson stated that for the most recent months not all the billing is complete. If there is an error, it is not included in the numbers. In older months, all the older and outstanding claims have been cleaned up and so they add up to 100 percent. With the Budget and Finance Department asking us to increase our revenue we did a survey regarding our dental charges related to comparable organizations. Other FQHCs in our area are charging \$50 as their base rate, so we will raise our fees to \$30, keeping our cleanings at \$20. We do not want to make our services unaffordable. It's a similar situation for pharmacy. There are cases where we are paying \$4 for a prescription but only charging \$1. We have not updated our prescription charges in 15 years.</p>	

	<p>Pharmacy has updated the charges based on our sliding scale. We are currently working on developing new revenue projections based on these changes.</p> <p>Dr. Lichtenstein asked what percentage of uninsured patients could qualify for some form of insurance. Mr. Hopson stated that it is estimated that 30 percent or more of the uninsured students that use the SBHCs could qualify for Medicaid or some other form of insurance. Some adults have insurance but do not provide insurance information. They pay the \$20 up front, but they never receive a bill for the other \$100, which gets written off in six months. The other category that does not qualify for insurance are refugees. Also, some immigrants are not applying since the rules changed making it harder to obtain citizenship if someone ever uses any public services.</p> <p>Some SBHC encourage people to sign up for insurance by agreeing to waive past fees if they apply for insurance within 30 days.</p> <p>We are down to 31 days for days in AR. Our front desk staff are doing a great job in capturing insurance and submitting clean claims. This includes both insured and self-pay patients.</p> <p>Mr. Brown stated that we also need to look at productivity. Mr. Hopson agreed that this did need to happen. We are around two patients per hour. Others FQHCs are at three or even four patients per hour. He said that he is working on a provider incentive plan where when a provider reaches the threshold of three encounters per hour, they will receive a bonus of \$20 or \$40 per encounter above that. He stated that Mr. Harry Barnes is reaching out to central HR to determine if the City system could manage a system like that. If it is possible, Mr. Hopson will go to both boards for approval to implement the system for both medical and dental providers. Since nurse practitioners are in CODE, we would have to discuss such a system with the union. As of now, we are not sure the City would allow such a system. Other practices also provide a quality incentive plan. Providing quality care is number one, but we do need to try and increase our revenue.</p> <p>Dr. Lichtenstein stated that it would be great to have an incentive plan. However, he had been told by previous CHD leadership that it was impossible given civil service pay rates. Mr. Hopson stated Mr. Barnes has sent the draft plan to central HR and if we are given the green light, he will turn the plan over to the boards for their consideration. It is a win-win because we receive about \$100 per encounter (even with self-pay figured in) so giving an incentive of \$40 still provides CHD with \$60 in revenue it would not otherwise have.</p> <p>Mr. Brown asked the status of the CFO search. Mr. Hopson said the last interview was scheduled for tomorrow and then a decision could be made.</p>	
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	<p>Mr. Brown asked the status of Chronic Care Management (CCM) Mr. Hopson stated that we made the decision to outsource CCM just prior to the COVID-19 outbreak. He reached out to two organizations. The challenge with Phamily is that it takes our staff to do the work. The other organization has staff to complete the functions, but they would receive a higher percentage of the reimbursement. However, when the nursing director saw the Phamily software she was enthusiastic. This led to discussions with Phamily who are in the process of sending CHD a proposal so that Mr. Hopson can then work through the procurement process. It may require us to go through the RFP process instead of providing a direct award.</p> <p>Mr. Brown asked if Comprehensive Primary Care (CPC) and CCM are mutually exclusive? Yes, with Medicaid if you want to do CCM you have to turn off CPC. The Chair suggested that at the next meeting the Committee receive an update on CCM.</p>	
Conclusion	<p>Mr. Lawniczak stated that the process developed by the Law Department to allow for public comment is that questions were to be emailed to him during the meeting (which was livestreamed on CitiCable). There were no questions or comments.</p>	

Meeting Adjourned 5:02 p.m.
Next Meeting June 16, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak